

MISSOURI DEPARTMENT OF HEALTH AND SE STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENAN(

## RECEIVED

By Carol Day at 8:17 am, Aug 04, 2015 ORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

RO-005849   GRAIN VALLEY POLICE	repaired. Send one cop	y to Department of Health	and Senior Se	ervices, and retair	n one co <sub>l</sub>	py in de	partmen	t file.	
CALIBRATION CHECK RESULTS	INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT			1				TIME OF INSPECTION
Test	80-005849	GRAIN VALLEY	POLICE	08/03/20			3/201	5 04:30	
Test	CALIBRATION CHECK	RESULTS		CALIBRATION	CHECK	SUMM	ARY		
Air Blank		, i		1 "					
SIM TEMPERATURE   SIM SERIAL NUMBER   SIM CERTIFICATE EXPIRATION   N/A	Test	g/210L	Time			1		· ·	
Cal Check		.			1		₹		
Air Blank	Air Blank	0.000	04:36	1	'	1 '			/A
Cal Check	Cal Check	0.081	04:36	1	1				
Air Blank	Air Blank	0.000	04:37		1	1			
Cal Check Air Blank  Pass  Pass  O.080  O4:38  O.080  O4:38  O.081  CALIBRATION CHECK RESULT 2  O.081  CALIBRATION CHECK RESULT 3  O.080  MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%  First results  Pass Pass Pass Pass Air Blank  O.000  RFI TEST RESULTS  Test  O.080  MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.001  Time Pass Pass Air Blank  O.000  O4:39  Pass Air Blank  O.000  O4:39  Pass Air Blank  O.000  O4:39  Pass Pass Analytical Stability Test Modem Test Pass Temperature Regulation Test  Pass Temperature Regulation Test  Pass Pass Temperature Regulation Test  Pass Temperature Regulation Test  Pass Pass Temperature Regulation Test  Pass Pass Temperature Regulation Test  Pass  O.081  CALIBRATION CHECK RESULT 2  O.081  O.081  CALIBRATION CHECK RESULT 2  O.080  CALIBRATION CHECK RESULT 2  O.080  CALIBRATION CHECK RESULT 2  O.080  CALIBRATION CHECK RESULT 2  O.081  CALIBRATION CHECK RESULT 2  O.080  CALIBRATION CHECK RESULT 2  O.081  CALIBRATION CHECK RESULT 2  O.081  CALIBRATION CHECK RESULT 3  O.080  CALIBRATION CHECK RESULT 2  O.080  CALIBRATION CHECK RESULT 3  O.001  Time CALIBRATION CHECK RESULT	Cal Check	0.081	04:37						
Air Blank  O.000  Pass  O.080  MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%  O.080  MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%  Voltage/Current Test RAM Test EEPROM Checksum Test EEPROM Checksum Test Pass Real Time Clock Test Pass Analytical Stability Test Modem Test Temperature Regulation Test Pass Temperature Regulation Test  Pass Test Pass Air Blank Air Blank O.000  VA:39  VA:	Air Blank	0.000	04:38		0.081				
Pass  CALIBRATION CHECK RESULT 3  O.080  MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%  Voltage/Current Test RAM Test Pass EEPROM Checksum Test EEPROM Checksum Test Pass Real Time Clock Test Pass Analytical Stability Test Modem Test Temperature Regulation Test Pass Test Test Test Test Test Test Test Te	Cal Check	0.080	04:38	CALIBRATION CHECK RESULT 2					
Pass    Diagnostic test results   Condition   Conditio	Air Blank	0.000	04:38	0.081					
Pass    NAME   Pass   1.2%   1.2%   0.001				CALIBRATION CHECK R	ESULT 3				
Voltage/Current Test Pass RAM Test Pass EEPROM Checksum Test Pass Real Time Clock Test Pass Air Blank 0.000 04:39 DSP Test Pass Analytical Stability Test Pass Modem Test Pass Temperature Regulation							80		
Voltage/Current Test Pass RAM Test Pass EEPROM Checksum Test Pass Real Time Clock Test Pass Air Blank 0.000 04:39 DSP Test Pass Analytical Stability Test Pass Modem Test Pass Temperature Regulation		12CC			MUST BE WIT	HIN 5%)	,		: .005 OR LESS)
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Modem Test Pass Temperature Regulation Test Pass  Pass Pass  Pass  Pass  Pass  Pass  Pass  Pass  Pass  Over.19				*PET Detect					
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	1				.15	19	_	0/	
	L		ТТ	l l			4		<u> </u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
July /nor	TRACY, S	STEVEN
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250175	07/28/2017	8168476250



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

## STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

#### INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE	We note
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 250175	- Lal Vasterly
EXPIRES 7/28/2017	<u> </u>
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
163 600 0771 f6 10)	I AD 4 770 (A)

MO 580-0771 (6-10)

